

Community Bank in which Investment is Held

 Full Name(s)
 of Registered
 Holding

 Registered
 Address

Post Code

Direct Credit Facility

This form must be forwarded to the Issuer's Registry.

Use a black pen. Print in CAPITAL letters inside the boxes

A Request for Direct Crediting of Payments

Please credit all cash payments from the above holding directly to our account at the following Australian financial institution:

Account Number

BSB Number

Name in which account is held (eg: John Smith)

Name of Australian bank or financial institution

Name of branch or suburb or town

Type of account (eg: cheque, savings)


DO NOT USE YOUR CARD NUMBER

If you are unsure of your account or BSB number, please check with your bank, building society or credit union.

Contact Name

Telephone Number - Business Hours

Telephone Number - After Hours

B Sign Here – This section must be signed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to payments to which I/we am/are entitled to be paid in cash, but do not override any previous Reinvestment Plan instructions.

Individual or Securityholder 1

Director

Securityholder 2

Director/Company Secretary

Securityholder 3

 Sole Director and
 Sole Company Secretary

Day Month Year

Individual: This form is to be signed by the securityholder.

Joint Holding: Where the holding is in more than one name, all of the securityholders must sign.

Power of Attorney: To sign as Power of Attorney, you must have already lodged it with the registry. Alternatively, attach a certified photocopy of the Power of Attorney to this form.

Companies: Director, Company Secretary, Sole Director and Sole Company Secretary can sign. Please indicate the office held by signing in the appropriate space.